

Attachment D

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

MINIMUM CRITERIA FOR PRIMARY STROKE CENTER (PSC) DESIGNATION

Glossary of Terms

Acute Stroke Team	A specially designated team of health care professionals, with training in stroke care, consisting of neurologists, emergency department physicians, nurses, and radiologists that follow a predetermined protocol to quickly diagnose and initiate treatment to stroke patients. Often called the Rapid Response Team .
Core Stroke Team	Consists of a designated team of health care professionals that have specialized training in stroke care and are responsible for the administration of the Primary Stroke Center Designation Program. They may or may not be directly involved in the care of stroke patients. Must consist of at least two people including the PSC Medical Director and Stroke Coordinator , but may also include Quality Assurance, Rehabilitation, Emergency Medical Services and Emergency Department staff.

Please provide an explanation for any “no” responses and include any required documentation with your application. Please refer to CT DPH contact person (See Attachment A) with any questions regarding the application or required documentation.

Attachment D

Element 1: Acute Stroke Team	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
1A. Physician* available 24 hours a day * Physician might be neurology resident, ER physician, hospitalist, or first doctor most likely to see and evaluate patient.	Proof of Coverage/Call Schedule	<input type="checkbox"/>	<input type="checkbox"/>	
1B. Other health care provider* (besides physician) available 24 hours a day. * Stroke Coordinator, APRN, PA, or other MD with stroke expertise.	Proof of Coverage/Call Schedule	<input type="checkbox"/>	<input type="checkbox"/>	
1C. Stroke Team includes personnel with experience in diagnosing and treating patients who have cerebrovascular disease.	List of stroke team members and copy of CV, résumé or description of individual qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
1D. Acute stroke patients are seen in E.D., or other hospital ward, or clinic within or adjacent to the hospital.	Written protocol that outlines how stroke patients outside the E.D. will be triaged/treated	<input type="checkbox"/>	<input type="checkbox"/>	
1E. Stroke team member at patient's bedside within 15 minutes of being called.	Written protocols including expected response times	<input type="checkbox"/>	<input type="checkbox"/>	
1F. Written document that provides information about the stroke team's: <ul style="list-style-type: none"> • Administrative support; • Staffing; • Notification plans; and, • Response times. 	Written protocols / documents for each item	<input type="checkbox"/>	<input type="checkbox"/>	
1G. A log is maintained that documents call times, response times, patient diagnosis, treatments and outcomes.	Commercially available tracking program or in-house log	<input type="checkbox"/>	<input type="checkbox"/>	

Element 2: Written Care Protocols	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
2A. Protocols have been established for the treatment of acute stroke (ischemic, hemorrhagic, and tPA administration protocols). These protocols address stabilization of vital functions, initial diagnostic tests, and use of medications.	Written protocols	<input type="checkbox"/>	<input type="checkbox"/>	
2B. Protocols are available in the E.D. and other areas likely to evaluate and treat patients with stroke.	Order sets	<input type="checkbox"/>	<input type="checkbox"/>	
2C. Protocols are reviewed and updated at least annually.	Documentation of annual review/update	<input type="checkbox"/>	<input type="checkbox"/>	
2D. Pediatric stroke policy has been developed and implemented.	Written policy, including a transfer agreement, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	

Element 3: Commitment and Support of Organization (CORE STROKE TEAM)	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
3A. Designated Primary Stroke Center Medical Director whose training includes one (1) or more of the following: <ul style="list-style-type: none"> • Completion of stroke fellowship; • Participation in at least one (1) regional, national, or international stroke conference each year; • Five (5) or more peer-reviewed publications on stroke; or, • Eight (8) or more CME credits each year in the area of cerebrovascular disease. 	CV/ résumé, annual record of CME, documentation of conference attendance, publication products (including dates)	<input type="checkbox"/>	<input type="checkbox"/>	
3B. Designated Primary Stroke Center clinicians and Stroke Team* training includes one or more of the following: <ul style="list-style-type: none"> • Completion of stroke fellowship; • Participation in at least one (1) regional, national, or international stroke conference each year; • Five (5) or more peer-reviewed publications on stroke; or, • Eight (8) or more CME credits each year in the area of cerebrovascular disease. <p>*Defined by the Designated PSC</p>	CV/ résumé Attendance at Nationally Recognized "Stroke" Conferences (e.g., International Stroke Conference, Grand Rounds, NSA, NECC)	<input type="checkbox"/>	<input type="checkbox"/>	

Element 4: Neurosurgical Services	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
4A. The stroke center director maintains a current written agreement documenting the arrangement for a neurosurgical procedure or evaluation to be performed within two (2) hours of when it is deemed clinically necessary. The arrangement is approved by the neurosurgeon(s) providing the coverage, the stroke center director, and the appropriate facility representative if the plan specifies that patients needing such care are to be transferred to another facility.	On premise resources: Written protocol & on-call schedule. Off premise resources: Protocol/algorithm to transfer the patient & evidence of relationship with receiving hospital	<input type="checkbox"/>	<input type="checkbox"/>	
4B. Operating room neurosurgical services are available twenty-four (24) hour/day, seven (7) days/week with appropriately trained personnel.	On premise resources: Written protocol & on-call schedule. Off premise resources: Protocol/algorithm to transfer the patient & evidence of relationship with receiving hospital	<input type="checkbox"/>	<input type="checkbox"/>	

Element 5: Community Education	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
5A. Public education programs about stroke prevention, recognition of signs and symptoms, diagnosis and treatment should be conducted by the stroke center at least twice each year.	Evidence of policy, personnel involved and protocols, educational materials distributed, calendar of events	<input type="checkbox"/>	<input type="checkbox"/>	
5B. The hospital's administration has established mechanisms to guide and ensure active and cooperative relationships with community and professional groups committed to increasing public awareness.	Evidence of policy, personnel involved and protocols	<input type="checkbox"/>	<input type="checkbox"/>	

Element 6: Neuroimaging Services	Measures and Suggested Changes	Yes	No	If No, Please provide an explanation and plan of action with your application.
<p>The hospital has the ability on a 24-hour/day, 7 day/week basis to perform brain computed tomography (CT) or magnetic resonance imaging (MRI) scans and provide interpretation after study completion by a physician with experience in acute stroke neuroimaging consistent with time targets acceptable to the department.</p> <p>**Recommended stroke evaluation targets:</p> <ol style="list-style-type: none"> 1. Door to MD evaluation: 10 minutes 2. Door to Stroke Team contact: 15 minutes 3. Door to CT: 25 minutes 4. Door to CT interpretation: 45 minutes 5. Door to Rx Treatment: 60 minutes <p>** National Institute of Neurological Disorders and Stroke (NINDS)</p>	<p>Document CT availability and immediate review of CT for appropriate candidates for Treatment with tPA (can be reviewed by Nighthawks; Neuro/Vascular Attending or ED Physician if trained)</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Element 7: Laboratory Services	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
<p>7A. The Stroke Center director maintains a current written agreement that documents the arrangement made for laboratory services to be available on a twenty four (24) hour/day, seven (7) day/week basis. It is recommended that these lab results be completed within forty-five (45) minutes of being ordered.</p>	<p>Labs ordered Automatic Order set should be available for tPA labs (e.g., platelets, CBC, INR, INR>1.7, not PA notification) Labs returned and reviewed within appropriate time frames to implement plan of care</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Element 8: Outcome and Quality Improvement	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
8A. Patients and their families receive thorough instructions on: <ul style="list-style-type: none"> • Signs and symptoms of stroke & when to activate EMS; • Effects and prognosis of stroke; • Potential complications; • Needs and rationales for treatment; • Patient compliance instructions for risk reduction programs; and • Post-stroke support services. 	Educational programs to the public Written documentation of each element Chart, education log, hours, etc. (some hospitals may have standardized packet to include each element)	<input type="checkbox"/>	<input type="checkbox"/>	
8B. The stroke center has established process measures that are time-specific and measurable. Specific benchmarks for comparison are established and comparison studies will be done annually.	The neuroimaging / ed times Joint Commission performance measures	<input type="checkbox"/>	<input type="checkbox"/>	
8C. The stroke center agrees to participate in a database or stroke registry that will track the number and types of stroke patients seen, their treatments, timelines for receiving treatments and the impact indicators selected to measure outcomes.	Standard national database such as Get With the Guidelines or an in-house database	<input type="checkbox"/>	<input type="checkbox"/>	
8D. The stroke center director has established quality assurance groups or committees that meet regularly to review prepared progress reports, discuss causes of delays in patient care and opportunities for improvement.	Meeting minutes Evidence of committee structure and medical staff involvement	<input type="checkbox"/>	<input type="checkbox"/>	

Element 9: Emergency Medical Services	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
9A. The stroke center has established a communication process with EMS providers for the rapid transport and treatment of stroke patients.	Evidence of communication process	<input type="checkbox"/>	<input type="checkbox"/>	
9B. The stroke center supports and/or participates in educational activities developed for EMS personnel, conducted at least once each year.	Description of education program & attendance rosters	<input type="checkbox"/>	<input type="checkbox"/>	

Element 10: Emergency Department	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
10A. Training is provided to E.D. personnel regarding diagnosis and treatment of all types of acute stroke, including the use of tPA in acute ischemic stroke.	CME documentation 2 hours/yearly for E.D.	<input type="checkbox"/>	<input type="checkbox"/>	
10B. E.D. personnel are acquainted with established procedures for communicating with EMS personnel in the field and activating the Acute Stroke Team.	Educational logs, policies, meeting minutes, memos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
10C. E.D. personnel participate in educational activities related to stroke diagnosis and treatment at least once each year.	Educational logs or other form of documentation of attendance	<input type="checkbox"/>	<input type="checkbox"/>	

Element 11: Stroke Unit	Required Documentation	Yes	No	If No, Please provide an explanation and plan of action with your application.
11A. The stroke center has made arrangements to ensure that a setting has been designated for the care of stroke patients beyond the acute treatment period. Evaluate and make recommendations for patient as part of the care plan (e.g., rehab services).	Documentation: Stroke rounds two (2) times per week-bed manager or designee or Stroke scale training or One unit designated for patients for placement on designated unit Recommendations for patient or documentation on the patients plan of care	<input type="checkbox"/>	<input type="checkbox"/>	
11B. Documentation exists that delineates the functions of the stroke unit, including admission and discharge criteria, care guidelines, patient census and outcomes data. Guidelines for ischemic stroke, hemorrhagic stroke, and tPA protocols must be available house wide.	Order sets/pathways	<input type="checkbox"/>	<input type="checkbox"/>	
11C. Physicians, speech therapists, physical therapists, and nurses on staff must receive continuing education credit annually related to the care of patients with cerebrovascular disease.	CME documentation 2 hours/yearly for Stroke Unit	<input type="checkbox"/>	<input type="checkbox"/>	
11D. The infrastructure of the stroke unit contains the necessary equipment and tools to aid in the care of stroke patients. This includes written protocols, and the capabilities to monitor blood pressure by non-invasive means.	Basic non-invasive monitoring during the first twenty-four hours (e.g., non-invasive blood pressure monitoring)	<input type="checkbox"/>	<input type="checkbox"/>	